

FY 2022-23 Community Corrections Partnership Survey

Santa Clara County

CCP Membership

Laura Garnette Chief Probation Officer	Robert Menicocci Department of Social Services
Rebecca Fleming Presiding Judge or designee	Sherri Terao Department of Mental Health
Greta Hansen County Supervisor or Chief Administrator	John Mills Department of Employment
Jeff Rosen District Attorney	Bruce Copley Alcohol and Substance Abuse Programs
Molly O'Neal Public Defender	Mary Anne Dewan Head of the County Office of Education
Bob Jonsen Sheriff	Rose Amador Community-Based Organization
Andrew Binder Chief of Police	Vacant Victims' Interests

How often does the CCP meet?

Quarterly

How often does the Executive Committee of the CCP meet?

Quarterly

Does the CCP have subcommittees or working groups

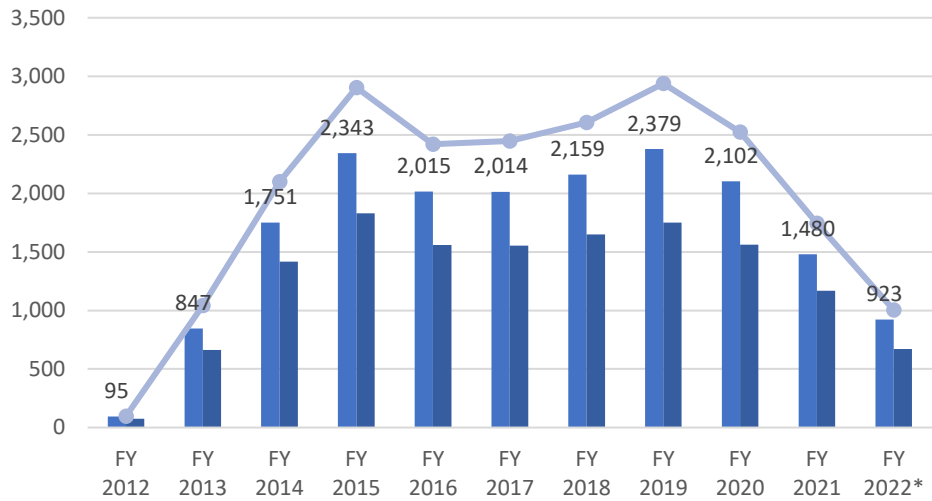
No



Goals, Objectives, and Outcome Measures

FY 2021-22

Goal	Improve short and long-term affordable housing for formerly incarcerated individuals who are at moderate and high risk of recidivating in Santa Clara County.
Objective	Continue to implement housing programs along the entire continuum of housing needs.
Progress toward stated goal	<p>The Office of Supportive Housing (OSH) oversees an array of supportive housing initiatives such as Rapid Rehousing, permanent Supportive Housing and Emergency Assistance. Reentry clients are linked to housing support in a variety of ways, one of which is through reentry-specific channels. The Reentry-specific Rapid Rehousing (RRRH) programs follow an evidence-based model and provides a time-limited rental subsidy with supportive services to homeless households for a period of six months to two years. The goal of the RRRH programs is to support households until they become self-sufficient. Reentry clients can also be linked to other supportive housing programs through the Reentry Centers and Office of Supportive Housing providers.</p> <p>Homeless reentry clients are screened for these programs using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Clients screened at the RRC may be eligible for any of the County Rapid Rehousing programs, not just reentry-funded programs.</p> <ul style="list-style-type: none"> • During the period from July 1, 2021 to June 30, 2022, 350 VI-SPDAT assessments were conducted for Reentry clients. • Most assessments conducted fell within the Permanent Supportive Housing range with 212 (61%) assessments and Rapid Rehousing range with 118 (34%) assessments – 20 assessments (6%) were in the minimal intervention range. • Of the 350 assessed, 261 (75%) were referred to the community queue for housing program placement, which led to 23 enrollments in housing programs (11 Permanent Supportive Housing and 12 RRRH) during the fiscal year. • Many reentry client assessments happen outside the Reentry Resource Center. There were 1,594 VI-SPDATs completed County-wide between July 1, 2021 and June 30, 2022 who self-reported being in jail in the past 6 months. Of the 1,594 assessments, 1,068 of these clients were added to the Community Queue, which led to 56 queued clients to enroll into a Permanent Supportive Housing program and 45 queued clients to enroll into a Rapid Rehousing program sometime during July 1, 2021 to June 30, 2022

Goal	Increase in enrolling clients to receive General Assistance, Cal-Fresh (food stamps), and Medical upon exiting custody.																																				
Objective	60% of participants will receive assistance																																				
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Outcome Measure	Enrollment in General Assistance and/or CalFresh																																				
Progress Toward Stated Goal	<ul style="list-style-type: none">•SSA processed 1,005 applications from (July 2021-December 2021).•There were 672 applicants that received benefits (July 2021-December 2021).•356 benefit recipients were homeless at the time they applied (July 2021-December 2021).•476 applicants received General Assistance – 347 were employable (July 2021-December 2021).•580 applicants received CalFresh food assistance (July 2021-December 2021).•95 applicants received Medi-Cal health coverage.  <table><tr><th>Fiscal Year</th><th>Applicants (Bar)</th><th>Benefit Recipients (Line)</th></tr><tr><td>FY 2012</td><td>95</td><td>95</td></tr><tr><td>FY 2013</td><td>847</td><td>847</td></tr><tr><td>FY 2014</td><td>1,751</td><td>1,751</td></tr><tr><td>FY 2015</td><td>2,343</td><td>2,343</td></tr><tr><td>FY 2016</td><td>2,015</td><td>2,015</td></tr><tr><td>FY 2017</td><td>2,014</td><td>2,014</td></tr><tr><td>FY 2018</td><td>2,159</td><td>2,159</td></tr><tr><td>FY 2019</td><td>2,379</td><td>2,379</td></tr><tr><td>FY 2020</td><td>2,102</td><td>2,102</td></tr><tr><td>FY 2021</td><td>1,480</td><td>1,480</td></tr><tr><td>FY 2022*</td><td>923</td><td>923</td></tr></table>	Fiscal Year	Applicants (Bar)	Benefit Recipients (Line)	FY 2012	95	95	FY 2013	847	847	FY 2014	1,751	1,751	FY 2015	2,343	2,343	FY 2016	2,015	2,015	FY 2017	2,014	2,014	FY 2018	2,159	2,159	FY 2019	2,379	2,379	FY 2020	2,102	2,102	FY 2021	1,480	1,480	FY 2022*	923	923
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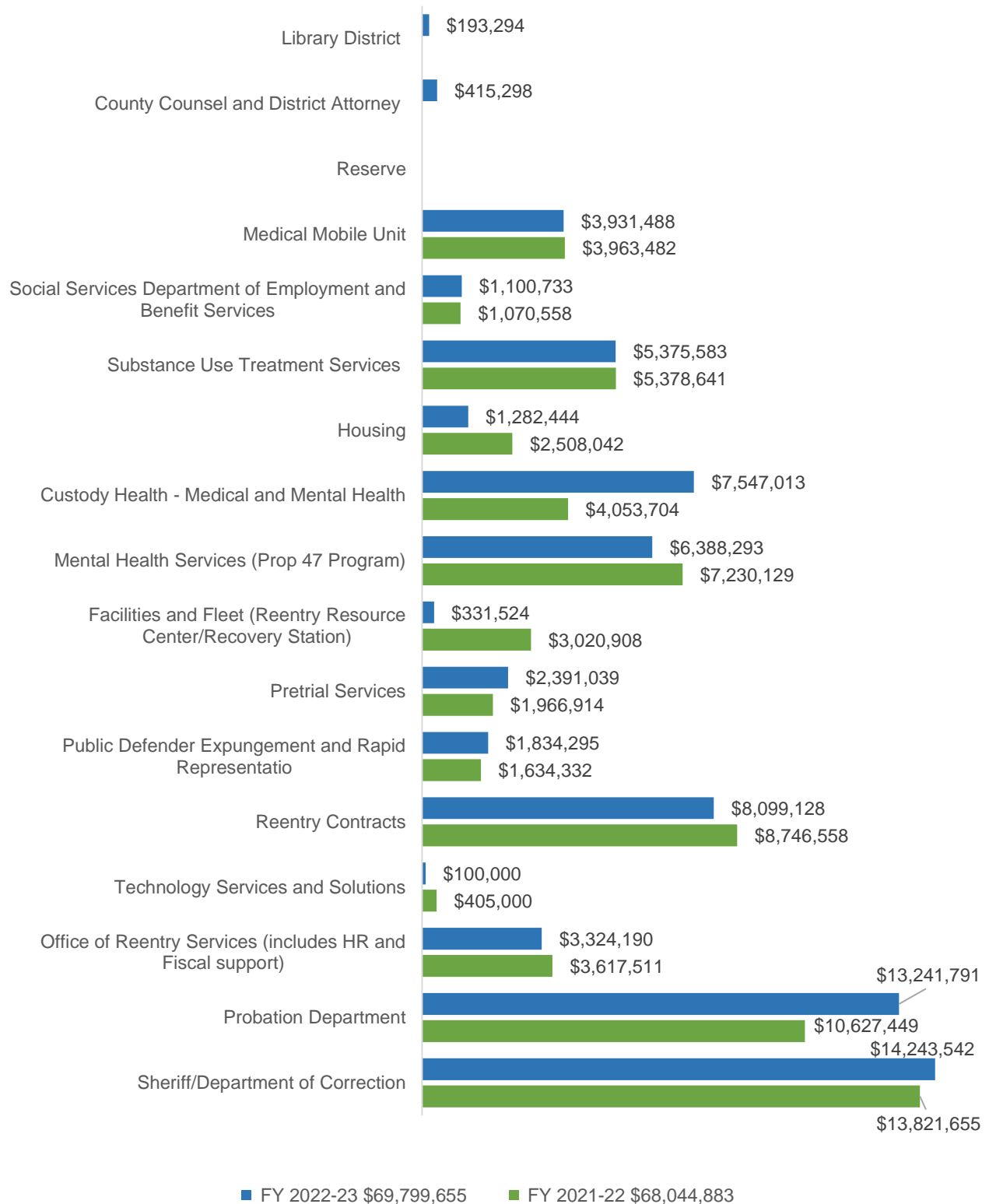
Goal	Enhance reentry programming in the County's correctional facilities.
Objective	Stabilize and Engage Clients in Services Matched to Client Needs.
Progress Toward Stated Goal	<p>During Fiscal Year 2021-2022, Office of Diversion and Reentry Services (DRS) and the Sheriff's office programs continued operating in-person while adapting to the ongoing health and safety challenges from Covid-19. Programming was provided almost entirely in-person, with masking and social distancing enforced, and virtual instruction only used in a few special cases.</p> <p>DRS provided:</p> <ol style="list-style-type: none"> 1. Employment: 293 people were enrolled in job readiness classes that increase their ability to find and retain jobs – these classes also have a cognitive behavioral (Moral Reconation Therapy) component. 2. Legal: 37 legal workshops were provided, averaging 38 clients each workshop (a total of 1415 participants attended during the year, including duplication), many of these clients were connected to pro-bono legal advice/representation after connecting with the attorney making the presentation they attended

	<ol style="list-style-type: none"> 3. Behavioral: 426 sessions of life skills programming and 581 sessions of psychosocial programming were provided in custody to multiple units/dorms. 4. Wrap-around support: Service navigators enrolled 474 people into their case management services, many of these clients were initially engaged in custody. 5. Parenting: FIRST 5 provided 225 parenting education class sessions, 34 support group sessions, and 15 brief workshops on topics relevant to parenting in-custody.
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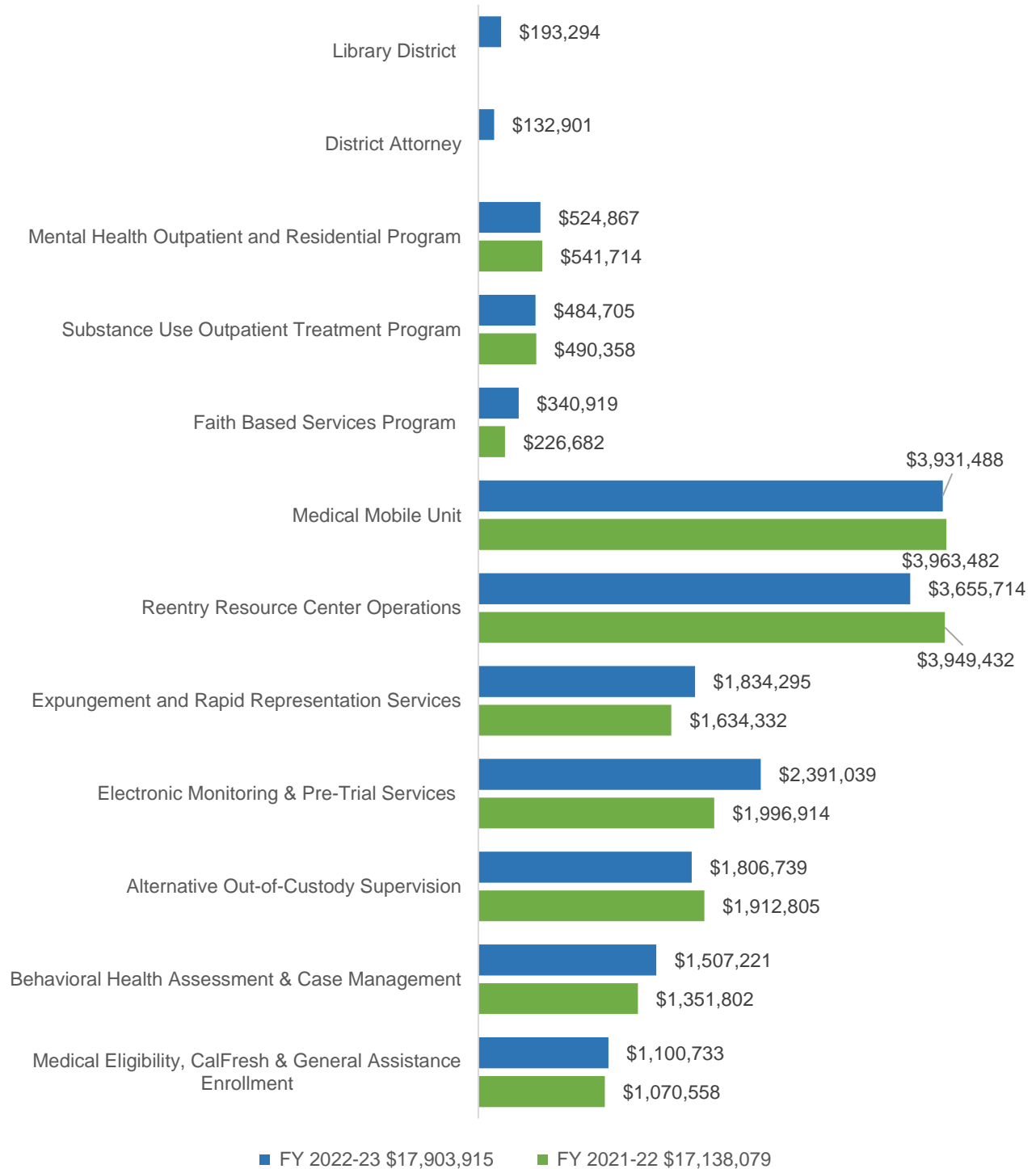
The Santa Clara County CCP reports it will use the same goals, objectives, and outcome measures identified above in FY 2021-22.

FY 2021-2022 and FY 2022-23 Allocation Comparison

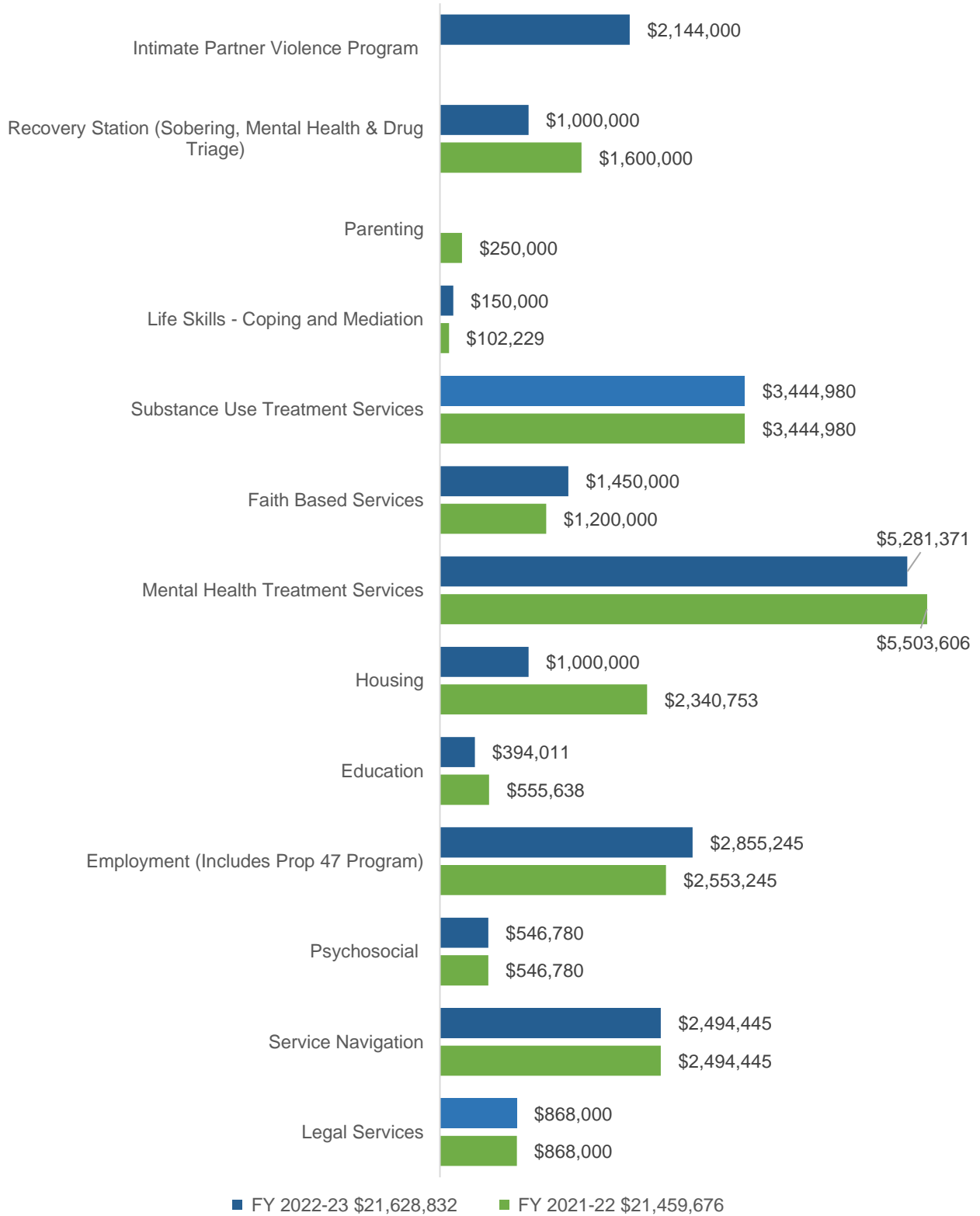
FY 21-22 and 22-23 Allocations



FY 21-22 and 22-23 Allocations to Public Agencies for Programs & Services



FY 21-22 and 22-23 Allocations to Non-Public Agencies for Programs & Services



Optional Questions

Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds?

The Office of Reentry Services (ORS) was established by the Santa Clara County Executive's Office to serve as the administrator of the County's reentry-related funding. The CCP makes recommendations for programming and/or services to be provided to AB109 clients. The Office of Budget Analysis in collaboration with ORS in turn, sends the recommendations to the County Executive's Office for review and acceptance. If accepted, the County Executive's Office submits the proposal to the County Board of Supervisors for final approval. In addition, the CCP receives regular updates on the Post Release Community Supervision and Mandatory Supervision populations.

Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation?

Yes

If yes, how?

The Probation Department has a Research and Development (RaD) Unit, that works with other internal probation staff, community stakeholders and staff at the ORS to evaluate programs and services for the AB109 population. The process seeks to examine ways in which service provision informs the rates of recidivism among the County's AB109 population. It also includes AB109 population characteristics, types of services and programming being accessed, and the impacts of services and programming on recidivism.

For example, the RaD team supported the development of a pilot to test a response grid for probation officers to use when responding to clients who are struggling with compliance to their treatment case plan and/or court conditions. Through this pilot, the department was able to demonstrate that use of the grid led to a reduction in VOPs and has now been rolled out across multiple AB109 focused units.

The Probation Department also worked with the County IT department to develop a dashboard to monitor new convictions for this population over time. This has been a helpful resource to track outcomes related to criminal justice re-entries. Additionally, ORS staff produces semi-annual reports to a Board of Supervisors Committee and the Re-Entry Network that captures the services and client outcomes (referrals, enrollments, and discharges) funded by AB 109.

Does the county consider evaluation results when funding programs and/or services?

Yes

If yes, how?

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Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data?

Yes	No	
X		Average daily population
X		Conviction
X		Length of stay
X		Recidivism
X		Treatment program completion rates

What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)?

21% to 40%

We would like to better understand your county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?

Behavioral Health's **Mental Health Services** programs serve special needs populations, who have psychiatric and/or co-occurring needs affecting their mental health.

- **Outpatient programs** target criminal justice-involved adults ages 18 and older, providing culturally and linguistically appropriate services including individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated services that vary in level of intensity. Outpatient programs may address a variety of needs, including situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, housing assistance, benefits attainment, psychiatric illnesses, and substance use disorders.
- **Emergency Psychiatric Services (EPS)** is a 24-hour locked psychiatric emergency room which provides emergency psychiatric care to residents of Santa Clara County.

Nearly all patients are on involuntary psychiatric holds (5150s). Every patient is assigned to a psychiatric registered nurse and a psychiatrist at all times. A psychiatrist will complete an evaluation, make a diagnosis and determine a plan of care for each patient. Care plans may include crisis intervention, medication and stabilization and subsequent hospitalization for further stabilization. Evaluation and determination of a discharge plan will be as prompt as possible within a 24-hour period. Sometimes a special disposition or a wait for a hospital bed will result in a stay longer than 24 hours.

- **Evans Lane Wellness and Recovery Center** serves adults involved in the criminal justice system who suffer from mental health and substance abuse issues. The center provides both transitional housing and a separate outpatient program.
 - The Outpatient Program provides behavioral health treatment services including psychiatric assessments, medication, medication management, comprehensive case management services, and represents the client regarding legal implications. Participants receive an individual treatment plan to optimize their personal, social, and vocational competency in order to live successfully in the community. The Residential Program provides housing, 24-hour support, peer support, group counseling, and group activities support with the capacity to serve up to 56 participants with extended housing for up to one year. The program supports the participants by providing evening and weekend group activities which focus on integrating the participants into the community.
- **Federally Qualified Health Centers** are community-based organizations that provide comprehensive primary care and preventive care, including health and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. These clients typically have mild and moderate mental health conditions that do not require specialty services.
- **Barbara Aaron's Pavilion** is a 60-bed acute inpatient psychiatric unit, operated by BHSD, for individuals in need of acute hospitalization. This is the highest intensity of medical and nursing services within a structured environment providing 24-hour skilled nursing and medical care. Full and immediate access to ancillary medical care is available at Santa Clara Valley Medical Center.
- **Day treatment programs** offer person-centered, culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions in order to assist the persons served in achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step-down from inpatient care or partial hospitalization or as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community.
- **Contract Hospital Inpatient services** include comprehensive hospital-based psychiatric services to individuals aged 18 years or older, who have serious and persistent mental illness and/or a co-occurring substance use disorder who have been deemed unable to reside safely in a community setting due to the severity of their condition. Comprehensive, hospital-based psychiatric services include clinical and medical activities and interventions necessary for the stabilization of the individual's condition, including thorough psychiatric and substance use evaluations, and medication evaluation and management. The BHSD has contracts with various community hospitals. This enables them to hospitalize Santa Clara County Medi-Cal

beneficiaries in need of acute psychiatric hospitalization when beds are unavailable at Barbara Aaron's Pavilion.

- **Residential Care Facilities** provide custodial care to persons who, because of mental or emotional disorders, are not able to live independently. Residential treatment programs are organized and staffed to provide psychiatric nonhospital-based interdisciplinary services 24 hours a day, seven days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible.
- **Skilled Nursing Facilities** provide a type of residential care for people who require continual nursing care and have significant difficulty coping with required activities of daily living due to illness or physical injury. Assistance with activities of daily living include assistance with eating, bathing, meals, and dressing. Nursing aids and skilled nurses are available 24 hours a day.
- **Aftercare services** are designed as a step down from more intensive outpatient treatment and are available to higher functioning criminal justice involved individuals with mental health & co-occurring conditions who are residents of Santa Clara County.

Substance Use Treatment Services (SUTS) operates a continuum of care, based on ASAM levels of care, and places clients in the least intensive level of care that meets their treatment needs. A majority of Realignment clients with substance using disorders are placed in outpatient treatment settings, with residential treatment reserved for particularly high need clients.

- **Outpatient (OP) services** are the least restrictive level of treatment in the SUTS system of care. Adult clients receive up to nine hours of treatment services per week. Services include assessment, treatment & discharge planning, individual and group counseling, crisis intervention, family therapy, medication services, education, and collateral services (such as case management). In the SUTS system of care, many clients are referred to OP from residential treatment, so it is a 'step-down' from a more intensive level of treatment.
- **Intensive outpatient (IOP)** involves similar services to regular outpatient, but the services are provided at a higher intensity (more hours per week). IOP services range from a minimum of nine hours per week to 19 hours per week.
- **Residential treatment** is the most intensive level of service currently available in the SUTS system of care. It involves 24 hour stay in a residential facility and the main purpose of treatment is to stabilize the client. SUTS has a short-term residential program and the average length of stay is between 30 and 35 days. Extensions may be granted based on assessment of client need for additional residential services. Components of residential treatment include intake, individual and group counseling, education, family therapy, safeguarding medications, and collateral services.
- **Transitional Housing Units (THUs)** are not treatment facilities. Clients must be admitted to outpatient before they can be referred to THUs. THUs are treatment-linked temporary housing that serve as sober living environments for clients in outpatient treatment. Not all OP clients live in THUs, only those who need this type of housing.

In order to expand the Reentry Network and offer more avenues for resources to clients, the Behavioral Health Services Department partnered with four faith-based reentry centers (FBRCs): Bridges of Hope, Mission Possible, Breakout Prison Project (Good Samaritan), and Destiny. Together, these centers and their extensive network of community collaborations form the Faith Reentry Collaborative (FRC). The FRC has offices at five locations. Each of the four centers accepts any reentry clients and the FRC has full-time employees at the Reentry Resource Center (RRC), who route clients to the FBRCs. Clients who need services not available at the RRC or clients who are not eligible for services at the RRC are screened at the RRC by FRC staff and sent out to one of the four FBRCs. Each faith-based center has case managers who oversee a caseload of clients. Clients with extensive needs are case managed and receive wrap-around service linkage, through which they are linked to a wide variety of supportive services available in the community. Clients who are not case managed can receive what the FRC refers to as “felt needs” service linkage, which is a one-time referral to services without ongoing case management.

The Valley Homeless Healthcare Program (VHHP) hosts a medical bus called the Medical Mobile Unit (MMU), which visits different locations throughout the County. The MMU currently spends 20 hours a week and the RRC, where reentry clients can access it for medical and psychiatric care. These hours will be expanded in the future. While the bulk of individuals who access the MMU at the RRC location are criminal justice clients, anybody can access the unit to receive care. The MMU staff also provide social work through Community Health Workers, who provide case management and service navigation to high-need clients.

The MMU provides an invaluable service to reentry clients. After being released from the correctional facilities, many clients have medical and/or psychiatric needs, especially when it comes to medication. The MMU has both a medical doctor and a psychiatrist on board, who provide healthcare on the bus, write prescriptions, give advice, and link patients to other health-based appointments at County health facilities if they have needs that cannot be addressed on the bus. MMU patients can also be linked to dental services as well. These clinical needs are often the client’s immediate priority and having the unit available at the RRC is extremely useful to clients recently released from correctional facilities.

The Custody Health Department attends to incarcerated individuals’ medical and psychiatric needs. Custody’s Mental Health Services unit provides an array of mental health services to the clients incarcerated in the Santa Clara County Jails, such as, mental health exams and treatment, crisis evaluations, acute inpatient services, pharmaceutical management, welfare checks, programs and other services.

What challenges does your county face in meeting these program and service needs?

COVID-19: Responses and Operational Changes

This fiscal year, due to providers having time to adapt, services were able to continue uninterrupted for the most part. Community-based services returned to normal albeit with more use of distancing and virtual options when appropriate. The Reentry Centers returned to normal operations but continue to use social distancing and outside space to spread clients out.

- ORS service providers in the community have returned to their normal scopes of work and serve clients in-person when possible.
- ORS service providers in custody utilize hybrid models. Some come in-person, others are virtual, while some use both options. The most in-demand services are prioritized for in-person first.

The Primary challenges earlier in the year revolved around ongoing Disaster Service Worker assignment. Toward the latter half of the year, many staff were returned, relieving the extra burden on understaffed teams. Currently, the main challenge is distancing issues and other similar logistical challenges. For example, the jail facilities are very limited in their options and there is less flexibility in terms of how to most effectively coordinate programming. Another challenge is the significant reduction in traditional sentencing and jail bookings/releases have altered the primary pathways reentry clients take and as a result we are not reaching the same portion of the target population. Adult Reentry Network partners are working to identify the best methods for outreach so that all justice-involved clients know how to access resources.

What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe other counties would find helpful?

Beginning in FY20-21, the Board of Supervisors allocated AB 109 funding to support the County's Mission Street Sobering Center at the Reentry Resource Center as part of efforts to safely reduce the jail population. The Sobering Center provides short-term, monitored environment for intoxicated adults who may experience acute withdrawal from alcohol and other drugs. This target population also includes homeless individuals who are exhibiting acute mental health symptoms and are under the influence of drugs in the community. Clients receive access to showers, food, laundry and/or access to garments, as well as referrals for housing, healthcare, social services, and immediate psychiatric and medical care. The average length of stay in the sobering center is six to 12 hours, and the provider of the Sobering Center collaborates with the County to link clients to services that are necessary to maintain sobriety. All releases from the sobering center are done in a safe and stable manner. Services are available 24 hours a day, seven days a week. The Sobering Center provides an alternative to law enforcement to placing inebriated individuals in the County Jail. Sobering Center operations are proven to be effective in other large metropolitan areas as an alternative to incarceration. Services reduce the time that police officers must spend out in the field booking an inebriated individual. Furthermore, Sobering Center services also engage high utilizers of emergency and hospital system services to enroll them in healthcare where they will have access to primary care physicians and offers substance use recovery services.

Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.

In February 2017, the Center for Employment Opportunities (CEO) opened its San Jose office through a partnership with the Santa Clara County Probation Department and Caltrans. The CEO model is designed to engage participants recently released from incarceration. The program is both personalized and highly structured. Although there are distinct stages of the CEO model, participants move through the phases at their own pace, enabling each person to focus on addressing their unique barriers to employment. While in the program, clients continue to learn skills and collect a daily paycheck providing litter

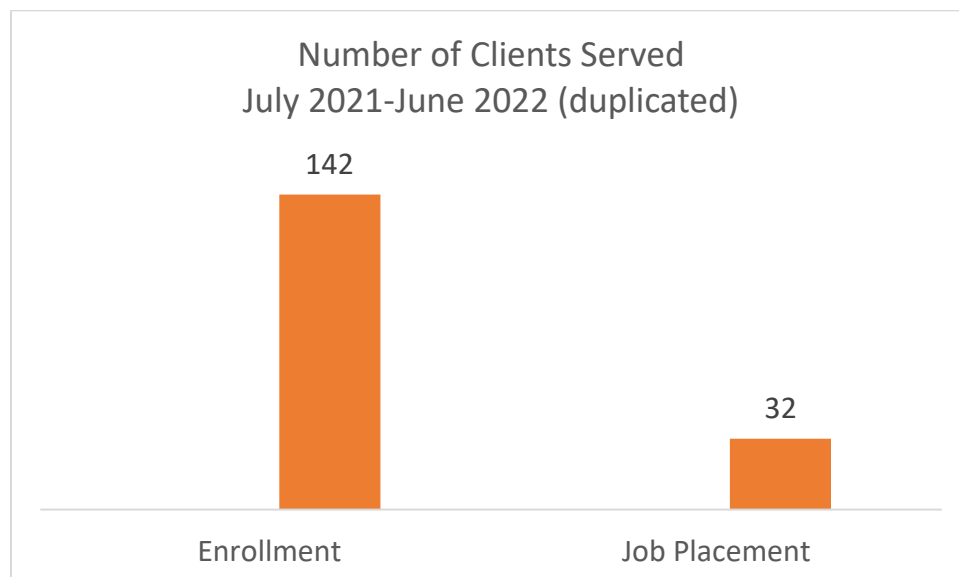
abatement on streets and highways. CEO also matches clients to employment opportunities and utilizes vocational specialists to assist clients. Once placed, clients receive 12 months of ongoing support for job retention.

In April 2020, because litter abatement crews could not perform that duty, Caltrans committed to paying the full daily crew cost in exchange for CEO participants and staff completing training and distance learning on essential services for Caltrans. CEO implemented this curriculum which includes training on roadway flagging, hazard communication, vegetation management and other critical services. In light of this change and response to COVID-19, the number of job readiness (LSE and job coaching) sessions increased significantly in April and May 2020 and continued to be high through fiscal year 2021.

During the fiscal year 2022 (July 2021 to June 2022):

- CEO enrolled 142 probation-referred clients and 32 clients had job placements (duplicated)
- In total, 654 clients, some of whom attended multiple meetings experienced job readiness sessions (LSE and job coaching)
- Caltrans work crews collected 32,594 bags of roadside litter
- Work crews completed 30,072 hours of work (working an average of 40 hours a week)

CEO tracks clients' milestones from 90 days to one year of continuous work. During the fiscal year, 48 clients retained employment for at least 90-days and up to 365 days (duplicated).



CEO: Milestone by Length of Job Retention,
July 2021 - June 2022 (duplicated)

